



WMMG 3562.4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of James H. Cink, et al.
Serial No. 10/805,802
Filed March 22, 2004
Confirmation No. 9954
For PEST CONTROL DEVICE AND METHOD
Examiner Kurt C. Rowan

Art Unit 3643

December 27, 2005

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES**

TO THE COMMISSIONER FOR PATENTS,

SIR:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner dated July 5, 2005, rejecting the following claims: 15-17, 19, 20, and 24-32.

* The appeal fee of \$500.00 is submitted herewith.

If there are any additional charges in this matter, please charge Deposit Account No. 19-1345.

Respectfully submitted,

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FEE TRANSMITTAL

Application Number 10/805,802
Filing Date March 22, 2004
Inventor(s) James H. Cink, et al.
Examiner Name Kurt C. Rowan
Attorney Docket Number WMMG 3562.4

Art Unit 3643
Confirmation No. 9954

☐ Applicant claims small entity status.

METHOD OF PAYMENT

☐ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

☒ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. ☐ EXCESS CLAIM FEES

Total Claims ____ - ____ (HP) = 0 x Fee ____ = \$ 0.00
Indep Claims ____ - ____ (HP) = 0 x Fee ____ = \$ 0.00
Multiple Dependent Claims Fee \$ _____
(HP = highest number of claims paid for)

Subtotal (2) \$ 0.00

3. ☐ APPLICATION SIZE FEE

Total Pages N/A - 100 = NaN ÷ 50 = 0 x \$250 = \$ 0.00
(Application + Drawings) (round up to whole #)


Subtotal (3) \$ 0.00

4. ☒ OTHER FEE(S)

- ☐ _____ month extension of time
- ☐ Information disclosure statement
- ☐ 37 CFR 1.17(q) processing fee
- ☐ Non-English specification
- ☒ Notice of Appeal
- ☐ Filing a brief in support of appeal
- ☐ Request for oral hearing
- ☐ Other: _____

Subtotal (4) \$ 500.00

TOTAL AMOUNT OF PAYMENT \$ 500.00


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12/27/05
Date
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